



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Amendment of Current IEP

| | | | |
|----------------|------------------------------|-----------|-----------------|
| Students Name | Initials | Birthdate | Today's Date |
| Parent(s) Name | IEP Manager and Phone Number | | District/School |

The following area(s) of the student's IEP dated _____ have been amended:
Attach a copy of the IEP page(s) or document to show the amendment(s).

- ☐ Consideration of Special Factors
- ☐ Orientation and Mobility/Braille Instruction
- ☐ Adding Special Education Service or Related Service
- ☐ Removing Special Education Service or Related Service
- ☐ Measurable Annual Goals and/or Short-term Objectives/Benchmarks
- ☐ Hours Per Week in Special Education or General Education Setting
- ☐ Participation in State/Districtwide Assessments
- ☐ General Education Accommodations/Modifications
- ☐ Extended School Year
- ☐ Transition Services
- ☐ Behavior Plan
- ☐ Other: _____

Reason for amendment(s):

Date on which the amended changes are to begin: _____

The following persons, as indicated by their signatures, have approved the amendment(s) to the IEP:

Parent Date

Parent Date

Student Date

Special Education Teacher Date

Administrator or Designee Date

Speech/Language Pathologist Date

General Education Teacher Date

School Psychologist Date

Signature/Position Date

Signature/Position Date